

Subject: RE: City of Los Angeles Request for Waiver from the Workers Compensation Insurance Requirement]

From:

Date: 05/24/2016 11:02 AM

To: "Avak Sarafian" <avak.sarafian@lacity.org>

Hi Avak,

Here's the waiver form back.

I'm also uploading the other compliance docs to BAVN this morning.

Thanks,

Aaron

Aaron Aulenta

NoHo BID

aaron@urbanplaceconsulting.com

----- Original Message -----

Subject: City of Los Angeles Request for Waiver from the Workers
Compensation Insurance Requirement

From: Avak Sarafian <avak.sarafian@lacity.org>

Date: Mon, May 23, 2016 3:33 pm

To: aaron@urbanplaceconsulting.com

Good Afternoon Aaron,

If your organization does not have any paid employees, please complete the enclosed document and return it to my attention. I will complete the portion marked "City Reference"

If you have any questions, please call me at (213) 978-1087.

Thanks,

Avak Sarafian

GCP Analyst

Office of the City Clerk